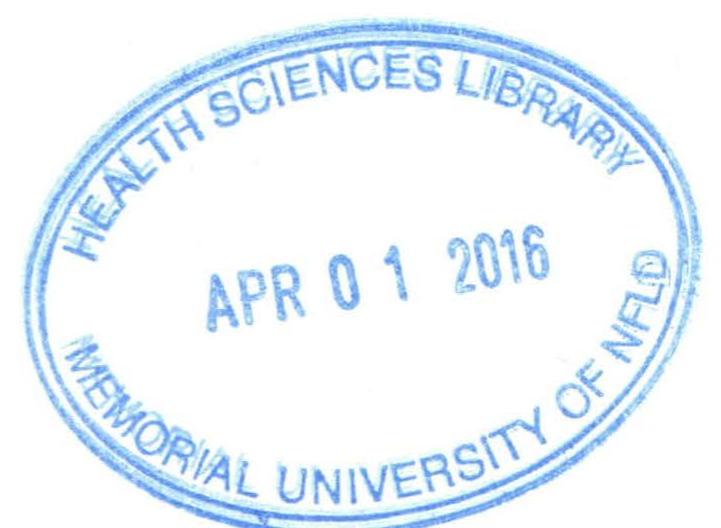


**ASSOCIATION of MIDWIVES of  
NEWFOUNDLAND & LABRADOR**



**Newsletter No. 72, January 2016**







**Association of Midwives of Newfoundland and Labrador**

(Chapters in Goose Bay and St. John's)

Web page: [www.amnl.ca](http://www.amnl.ca)

**Newsletter 72**

January 2016

**MISSION STATEMENT**

**To provide opportunities for information sharing between midwives and to promote the profession of midwifery and the need for appropriate legislation so that midwives in Newfoundland and Labrador are publicly funded to provide evidence-based midwifery care for childbearing families in this province. (2005)**

This Newsletter contains extracts from the AMNL January 2016 General Meeting. Ann Noseworthy represents AMNL at the Canadian Association of Midwives (CAM) but in November was unable to travel to attend the Board meetings in Montreal. She was able to attend by conference call. We have not received indication that any members attended the CAM annual meeting and conference but if they did it would be nice to have a report for the March newsletter.

Unfortunately we are unable to change the AMNL Mission Statement as midwives still are not regulated in this province. We had been led to believe that the Regulations were on the provincial cabinet's agenda, but they were not signed prior to the November election.

It is hoped that there will soon be some positive news regarding midwifery care available to women in this province. That publicly funded care from registered midwives will be available to those who want this. To stay current with the provincial situation join AMNL. Membership fees are only \$20.00 (plus a little more to become a member of the Canadian Association of Midwives). A membership form is at the end of this Newsletter.

Do not let this Newsletter be your last one, pay your 2016 membership fees that were due January 1.

The Newsletter editor welcomes midwifery news items, especially about midwifery conferences and workshops. Those who submit items are responsible for obtaining permission to publish in our Newsletter. The Editor does not accept this responsibility. Items for the Newsletter should be submitted by the end of the month before the next issue is due.

Pearl Herbert, Editor, ([pherbert@mun.ca](mailto:pherbert@mun.ca))

**AMNL Annual General Meeting,**

**Monday, April 11, 2016 at 4:00 p.m. (Island time)**

In St. John's this will be at Janeway by the Health Sciences Centre

In April contact Ann Noseworthy for access pass code

Access is free from anywhere in Canada (advise if there are problems entering the meeting)



### **Executive Committee**

President: Ann Noseworthy - 36 Kitchener Ave, St. John's, NL A1C 5G6

Secretary: Karene Tweedie

Treasurer: Pamela Browne

Cosigner: Susan Felsberg

CAM representative: Ann Noseworthy

Past President: Karene Tweedie

Newsletter Editor: Pearl Herbert

Web page: <http://www.amnl.ca>

Newsletter in HSLibrary: serial stacks under "A".

### **Summary of the General Meeting, January 11, 2016**

There were eight members present and two apologies.

None of the three provincial leaders responded to the letters sent in the Fall prior to the election. Pearl had previously sent an update made to the 2006 brochure. An offer had been received for help with preparing it for printing or photocopying. When it was circulated the other month it was thought that the Regulations were going to be signed and so it was put on hold. Now this may be reconsidered so it was being resent to members.

The College logo has been received and copied to AMNL members and the Honorary Associate Midwife College members. The money to pay for this logo was from the money that the College has obtained from completing jurisprudence requirements.

The Canadian Association of Midwives (CAM) is developing gender neutral wording in its documentation in order, it reports, to be inclusive. It plans to exclude the word "woman". Several AMNL members are not in agreement with this and question CAM's decision. Pearl wrote a letter to Tonia Occhionero (CEO) highlighting her concerns that in order to be inclusive the word "woman" should be included. Care should be taken when changing documents from "woman" to "person" as this could undermine the meaning of "midwife" and "sage-femme".

Midwife means "with woman" and this is the kind of care that the majority of midwives expect to provide. They provide respect for all women. They promote healthy sexuality for all women and girls, regardless of ethnicity, colour, gender, religion, so they may lead productive and fulfilling lives free from coercion, according to their own choices. There is concern regarding the use of "transgender" in the CAM documents without including other designations. This was taken to the Board, but it appears there has been misunderstanding of the points Pearl made. AMNL documentation will continue to use the word "woman". (Pearl's letter was sent to AMNL members.)

### **Canadian Association of Midwives (CAM) report January 2016** submitted by Ann Noseworthy, AMNL representative.

The CAM conference was well attended and the evaluation survey had many positive comments. A wide variety of presenters were there including those talking about inclusivity.

A good profit was made at the conference which will help CAM to do its work over the next year.

The AGM had one resolution put forward by Gisela Becker (Alberta) regarding having a democratic process for the election of CAM executive members; i.e. President in particular.



Options were discussed at the CAM November board meeting but minutes of the discussion and final decision at the AGM are not available.

Joyce England (PEI) resigned from CAM board this year. In recognition of her work she was acknowledged at the Conference and sent flowers.

International work - CAM will be working with CUSO and UNFPA at a strengthening midwifery project in South Sudan. CAM's other projects are all running well with good feedback from the midwives and midwifery associations CAM is working with.

The international projects, especially the one with CUSO and UNFPA, provide funding including some via the Canadian government. Although the monies are for the projects it does provide CAM with funding for office staff.

CAM has retained legal counsel to assist in any contract or other work where legal advice is needed.

Again CAM has retained the firm "National" which will continue to help CAM raise its profile on a national level and make contacts in the Liberal government to further national objectives.

There will be money available to assist non regulated provinces, where needed.

Governance: CAM will be convening a governance group of which Ann is a member. Our remit will be to look at the bylaws and review Presidents term and to also look at feasibility and how to involve consumers in the CAM board.

### **Midwifery Regulations and Policy Advisory Committee**

The Regulations and Policy Advisory Committee has not met recently, but preparations have been made for a College of Midwives to be formed as soon as the Midwives Regulations are implemented. (The Regulations to be printed and then implemented a little time later.) As the Health Professions Act only recognizes qualified members and honorary members, registered midwives from other Canadian jurisdictions have volunteered to become honorary associate midwives until there are midwives registered in this province who can take over the College business. The Health Professions Act does not recognize a transitional college. The honorary associate midwife members will elect members to be on the executive committee and on the NL Council of Health Professionals according to the requirements of the Health Professions Act. In the meantime the required documents, written in 2000-2001, revised in 2010, have now been updated again.

A web site will be required but there will be insufficient money for this until there are fee paying registrants. When required the Association of Midwives web site will include the required College materials. A College of Midwives logo has been created, bought, and is ready for installation when the time comes.

### **Midwifery Implementation Committee (MIC)**

The MIC has been meeting monthly and interviewing midwives from other jurisdictions to learn about the midwife models and variations to these. All jurisdictions (except the three where midwives are not regulated; the Yukon, Prince Edward Island, and Newfoundland and Labrador)



provide publicly funded midwife care and the midwife insurance is from HIROC unless from the Government (as in Quebec). These meetings finished in September. Meetings for stakeholders in this province were held during October and the midwives and doulas were invited to the last one. They were generally information sessions and with positive feedback. There was a short meeting in November, and the December meeting was cancelled.

The next meeting is in January when the agenda will include the model, budgeting, the hiring of a midwife consultant. A group of AMNL members revised a previously developed document on the model of care, now entitled “Operational Model for Midwifery Practice in Newfoundland and Labrador”, and Ann Noseworthy will submit this to Janine Hickey of the MIC.

### **Some Happenings Around the Country** (from the CAM 2015 Annual Report)

<http://www.canadianmidwives.org/DATA/TEXTEDOC/FINAL-ENG-AnnualReport-2015.pdf>

**Overview of Midwifery in British Columbia:** At present, there are 230 practicing Registered Midwives in BC. Midwives are autonomous self employed care givers currently attending 19% of the province’s births. The midwifery Education Programme at UBC continues to admit 20 new students annually. The College of Midwives of BC has been the regulatory body for the profession since 1998. This past year the first midwives certified in cesarean section first assist. Nearly 100 midwives have taken on-line Indigenous Cultural Competency training offered free through the new Midwifery Master Agreement. The new Agreement includes a Midwifery Homebirth Supplies and Medications Program that will allow midwives to stock their homebirth bags at the hospital, reduced malpractice insurance fees, increased CME funding, increased funding for rural midwives and hospital integration and payment for preceptors. [Midwifery legislation came into effect in 1998 with 29 midwives.]

**Overview of Midwifery in Alberta:** There are currently 94 Registered Midwives in AB. There are now a total of 48 midwifery students in the Bachelor of Midwifery (B. Mid.) at Mount Royal University in Calgary. This is the only midwifery education program offered in Alberta, an important step in filling the growing demand for midwifery services. The first eight midwives graduated but only 5 were able to find work in Alberta and three are now practicing in BC. The College of Midwives of Alberta has been in operation since January 2013. An infographic regarding the value of midwifery in Alberta was produced and distributed to all MLAs. Midwifery continues to be the fastest growing medical profession in Alberta. [Midwifery legislation came into effect in 1998 with 22 midwives.]

**Overview of Midwifery in Saskatchewan:** Currently, midwifery is available in three of the province’s 13 health regions and at the All Nations’ Healing Hospital in Fort Qu’Appelle. The demand for midwifery services continues to exceed availability. There are currently 13 full practicing midwives in the province, no practicing independent midwives, and three vacancies. Three student midwife licenses were issued. An education program is being investigated. The birth centre in Fort Qu’Appelle has welcomed 27 babies in the first year of operation. [Midwifery legislation came into effect in 2008 with 3 midwives.]



in the province. Over the last year, two Montreal region development projects were submitted to the Ministry of Health and Social Services (known as the MSSS) and one is set to move forward. The 189 Québec midwives are self-employed professionals under service contracts within new integrated Health and Social Services Centres that were established in April 2015. They are remunerated on a salary basis and enjoy employee benefits such as leaves (vacation, sickness, holiday, and maternity) and a retirement plan.

The province offers one four-and-a-half year Bachelor of midwifery education program at the Université du Québec à Trois-Rivières. There are currently 77 students enrolled in the program, including 22 new admissions. In 2014, 21 new midwives will graduate from the program. Since 2008, UQTR also offers a 30-credit certificate for internationally trained midwives who wish to practice in Québec. Since 2009, midwives trained in France benefit from a mutual recognition arrangement (MRA) adopted by France and Québec, 19 students are currently enrolled in this bridging program.

The MSSS published the “Cadre de référence pour le déploiement des services de sage-femme au Québec”, a long awaited tool that will support the development of new midwifery services and birthing centres. The various midwifery regulatory authorities (RSFQ, OSFQ, UQTR, and La Coalition) were highly involved in the development of this reference framework.

The “Pas de sage-femmes? Faites-vous entendre!” (“No midwives? Make Your Voice Heard!”) campaign commenced on May 5, 2014, regarding the lack of access to birthing centres and to midwifery services, remains ongoing.

**Nunavik:** The practice of midwifery in Nunavik is unique in the province. The Inuit Midwifery Program (Inuulistivik) was initiated there in 1986, years before midwifery services were legalized in Québec in 1999. The program was recognized in 2008 by the Ordre des Sages-Femmes du Québec and by the MSSS. There are currently four midwives in Kujjuaq (Ungava Bay) who are also members of the RSFQ. Modeled on the training program offered in Hudson’s Bay, they also have a training program which was established in August 2013 with one student. In the territory surrounding Hudson’s Bay, midwives work out of three different locations, with eight Inuit midwives trained by the community based program, who are now practicing. There are currently 9 students enrolled in this training program. They are trained under the community-based program and midwives from other locations regularly travelling north to provide support. [Midwifery legislation came into effect in 1999 with 50 midwives.]

**Overview of Midwifery in New Brunswick:** Midwifery legislation exists and the New Brunswick Midwifery Council is moving towards regulating midwives to practice. The Liberal government, elected in September 2014, is committed to funding midwifery in their mandate. Currently midwives cannot register to practice in New Brunswick and there is no midwifery education program in Atlantic Canada. The Midwives Association of New Brunswick (MANB) membership includes 4 registered midwives currently working in other provinces and 5 students. MANB liaises with the consumer group “Familles pour les sages-femmes au NB /NB Families for Midwives”.

[Midwifery legislation came into effect in 2010 with no midwives.]

**Overview of Midwifery in Prince Edward Island:** Midwifery is not regulated and there are no practicing midwives in PEI. Midwives have been advised that there is some disagreement in the Department of Health related to the discipline of midwifery, but they are still working toward the regulation of midwives.



**Overview Midwifery in Manitoba:** Midwifery has been regulated since June 2000. There are currently about 52 practicing midwives and 17 non-practicing midwives. Manitoba midwives work in a variety of settings including: clinic, home, birth centre, and hospital. Midwives are employees of the Regional Health Authorities (RHA), and are represented by two different unions in the province. Four out of five RHA's provide midwifery services. The Midwives Association of Manitoba (MAM) has about 26 full members, 9 associate members including 3 student members. Association membership continues to be voluntary. Members of MAM receive supplemental liability insurance through HIROC. There have been a slow increase in funded positions by Manitoba Health and the Regional Health Authorities. As a result of MAM's persistent advocacy work term positions were created. The six 2014 graduates from the midwifery program at the University College of the North now have permanent work, but the six Internationally Educated Midwives (IEM) have been unable to secure work in the province. In 2015 the University College of the North accepted 13 midwifery students. The program is to be physically delivered at the University of Manitoba. Approval processes are needed at the Senate level, and by the government for funding. There is still a way to go for the 200 midwives that was envisioned in 2000.

[Midwifery legislation came into effect in 2000 with 11 midwives.]

**Overview of Midwifery in Ontario:** Between 1994 and 2014 midwifery grew from 60 midwives in 20 clinics to more than 700 midwives practicing in 100 clinics across the province. In 2014 to 2015 two new midwifery practice groups were approved and a total of 78 new midwives joined the profession - nearly a 10% increase. In November 2013 the Association of Ontario Midwives (AOM) filed an Application regarding pay equity with the Human Rights Tribunal. The Association has appeared at numerous pre-hearings and the evidentiary hearings were scheduled to begin in the fall of 2015. The AOM negotiated a contract with the Ontario Ministry of Health and Long-Term Care for the fiscal year 2014-2015, ratified by members on December 28, 2014. The contract was extended for one-year to 2015-2016.

A number of new resources were created including a video called "Not What We Planned: Two Stories of Birth and Postpartum Haemorrhage". In honour of Pride 2015 the AOM produced a new full-colour poster declaring midwifery safe and welcoming, intended for midwives to post in clinics and birth centres. The Toronto Birth Centre and the Ottawa Birth and Wellness Centre celebrated their first anniversaries in January 2015. Tsi Non:we Ionnakeratstha Ona:grahsta', the Maternal and Child Centre located on the Six Nations of the Grand River Territory, opened in 1996 and is Ontario's first birth centre. Ontario's Liberal Government made a commitment to fund Aboriginal midwives working under the exemption clause in the Midwifery Act.

[Midwifery legislation came into effect in 1994 with 60 midwives.]

**Overview of Midwifery in Québec:** Midwifery in Québec is practiced primarily in birthing centres where midwives provide comprehensive maternity care. Québec women choose to give birth in one of three settings: in birthing centres (about 80%), at home (about 15 to 20%) or in hospital (about 1 to 2%). There are presently 13 birthing centres and midwifery services established in Québec which tend to 2 to 3% of all births. According to two surveys carried out in 2005 (SOM) and 2010 (CROP), 25% of Québec women would prefer giving birth outside the hospital setting. There is still much to be done to respond to the needs of women and families



**Overview of Midwifery in Nova Scotia:** There are 10 registered midwives working in a clinical capacity in Nova Scotia within three of the District Health Authorities. There are currently no midwifery education programs in any of the Atlantic provinces. Midwives have been preceptors for students within Canadian midwifery education programmes. As the local professional body, Association of Nova Scotia Midwives (ANSM) supports the sustainability and growth of midwifery in the province. The Nova Scotia Department of Health and Wellness has shown commitment to midwifery in the province. The ANSM hopes to see this support continue and to see expansion into regions in the province that are currently without midwives. An external assessment was requested by the Department of Health and Wellness to provide advice about Nova Scotia's midwifery program in general as well as site specific recommendations. The report, "Midwifery in Nova Scotia: Report of the external assessment team", was published in July 2011. Following its release, a Midwifery Action Plan was announced by the Minister of Health and Wellness in the House of Assembly on December 7, 2011. A key action of the plan was the establishment of a Provincial Midwifery Practice Specialist, and this position was filled from 2013 to January 2015. The report also recommended the hiring of second attendants, and a substantial increase in full-time midwifery positions by 2017. Currently, there are only second attendants for home births in the Halifax district, and no plans for further increases to the number of employed midwives in Nova Scotia. In April 2015 nine Nova Scotia Health Districts merged into one and this effects responsibilities and plans for expansion of midwifery. The new health district is establishing leadership roles, government relations are in flux. [Midwifery legislation was proclaimed in 2009 with 7 midwives.]

**Overview of Midwifery in Yukon Territory:** Midwifery remains an unregulated profession and therefore not funded by the Yukon Territory. The Community Midwives Association Yukon (CMAY) was founded in January 2015. On May 5 a motion was put forward in legislature by the current Minister of Health to form a midwifery working group lead by Yukon's Health and Social Services. The working group began its work in June 2015 with an end point of June 2016.

**Overview of Midwifery in Nunavut:** There are midwives at Rankin Inlet Birth Centre. Both Rankin Inlet and Cambridge Bay have Regional Manager, Maternal Newborn Services positions. A full time midwife to implement midwifery in Iqaluit was to be hired. The Nunavut Arctic College Midwifery Education Program is based in Cambridge Bay. [Midwifery legislation came into effect in 2009.]

**Overview of Midwifery in the NWT:** The Midwifery Program in Fort Smith is in its eleventh year of operation. A midwifery centre in Hay River with two midwives offering comprehensive maternity care services was starting in 2015. Further expansion of midwifery services into selected communities in the NWT continues to be a subject for review and planning at the Department of Health and Social Services where a consultant was hired in 2014 for an 18 month term. [Midwifery legislation came into effect in 2005 with 3 midwives.]



**ASSOCIATION OF MIDWIVES OF NEWFOUNDLAND and LABRADOR**  
**APPLICATION FOR MEMBERSHIP**  
**2016**

Name: \_\_\_\_\_  
(Print) (Surname) (First Name)

All Qualifications: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Postal code: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(home)

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
(work)

E-mail Address: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Area where working: \_\_\_\_\_

Retired: \_\_\_\_\_ Student: \_\_\_\_\_ Unemployed: \_\_\_\_\_

List of Organizations of which you are a member (the Association receives requests from various organizations for representatives to review articles, attend conferences, be on committees). Your name would not be forwarded without your consent.

Provincial: \_\_\_\_\_

National: \_\_\_\_\_

International: \_\_\_\_\_

Would be interested in participating in a research project if asked: Yes \_\_\_ No \_\_\_

For midwives who pay \$75.00 (\$20.00 AMNL membership fee and \$55.00 CAM membership fee):

If you do not agree to your address, postal and Internet, being released to CAM tick here: No release: \_\_\_\_\_

**I wish to be a member of the Association of Midwives and I enclose a cheque/money order from the post office for: \$ \_\_\_\_\_**

**(Cheques/money orders only (no cash) made payable to the Association of Midwives of Newfoundland and Labrador). Membership and financial year from January 1 to December 31.**

To be a member of AMNL and receive the electronic quarterly AMNL newsletter **\$20.00**

For AMNL members also to be members of Canadian Association of Midwives (CAM) add **\$55.00 (Total \$75.00)**  
[\$75.00 includes AMNL membership and CAM membership, including the 4-monthly CAM research/ practice journal.]

Membership for those who are residing outside of Canada **\$20.00**. Correspondence will be by e-mail.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Pamela Browne, Treasurer, Box 1028, Stn. C, HVGB, Labrador, NL, A0P 1C0